STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255251	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF DEKALB	220 WILLOW AVENUE DE KALB, MS 39328

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 12/5/22 to 12/8/22. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations for participation and cited regulatory deficiencies at F 888. Census at the time of survey was 58 and the facility has a license for 60 beds.	F 000		
F 888 SS=C	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.	F 888		1/9/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/21/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 888	Continued From page 1 §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;	F 888		

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F 888	Continued From page 2	F 888		

(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;
(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;
(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;
(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:
(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;
(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and

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F 888	Continued From page 3 considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record reviews, facility policy review and Center for Medicare and Medicaid Services (CMS) Quality Safety and Oversight (QSO) Memo review, the facility failed to prevent the likelihood of the spread of COVID-19 as evidenced by failure of ensuring all staff were fully vaccinated or received an exemption for 2 (two) of 89 employee records reviewed. Findings Include Review of the facility policy titled "COVID-19 Vaccination" with a revision date of November 2021 revealed under "Policy Interpretation and Implementation ...This facility requires all employees to receive the COVID-19 vaccination per federal regulations by required deadlines unless exemption status is provided. This	F 888	1 - Corrective Action will be accomplished for those residents found to have been affected by the deficient practice. There were no residents found to have been affected by the deficient practice. 2 - The facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by the deficient practice. 3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not recur are: Both individuals completed their series of vaccination to correct the deficient practice on 12/7/2022 and 12/09/22, respectively. CNA # 1 and CNA #2	

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F 888	Continued From page 4 vaccination policy applies to all facility staff , regardless of clinical responsibility or resident contract, including employees, licensed practitioners, students, trainees, volunteers, and individuals who provide care, treatment, or other services for the facility and/or Residents, under contract or other arrangement (such as hospice, therapy, mental health professionals, portable x-ray suppliers and consultants). An interview on 12/5/22 at 1:15 PM with the Infection Preventionist revealed she is aware that all staff should be fully vaccinated against COVID-19 or have an approved exemption and she is aware she has two staff members that have never went back and got their second dose of COVID-19. She revealed the facility has had no COVID-19 positive resident's or staff in the last four weeks and everyone continues to wear a mask. She revealed she is responsible for keeping up with the staff's vaccinations and making sure they are fully vaccinated or have an approved exemption. She revealed that the two staff members that have not completed their COVID-19 vaccinations or requested an exemption have been encouraged to be compliant but have been allowed to continue to work. An interview on 12/7/22 at 1:10 PM with the Administrator confirmed that she is aware of the regulation that all staff should be fully vaccinated or have a granted exemption. She revealed she was not aware that she had any employees that were still lacking their second dose of the COVID-19 vaccination. An interview on 12/7/22 at 2:45 PM with the Director of Nurses (DON) confirmed she is aware	F 888	received counseling on 12/7/2022 regarding the importance of completing the series of vaccinations and immediately scheduled date of vaccination on 12/7/2022 and 12/09/22. Continued education and in-serviced all employees 12/12/2022 as to the importance of being fully vaccinated. New hires must have one vaccination and scheduled follow up date of second dose and treated as unvaccinated until proof of complete vaccination or proof of Medical or Religious exemption. All unvaccinated/ partially vaccinated employees must wear surgical masks or greater (NP95) at all times when inside of building and in the presence of others on campus and NP95 or better if in outbreak. Unvaccinated/partially vaccinated staff will test at least weekly and more often with community transmission numbers or outbreak. Monthly education meeting with the unvaccinated/partially unvaccinated employees to encourage vaccination to benefit both employee and resident. 4. How Facility plans to monitor its performance to make sure that solutions are sustained, are: Quality Assurance Committee met 12/12/2022 to develop a plan for ensuring the above deficiency was in compliance, the primary shot series were up to date on CNA #1 and CNA #2 and others recently hired. Testing for unvaccinated/partially vaccinated employees began 12/12/2022 and monitored weekly by Infection Control Preventionist. 12/12/2022 Daily monitoring	

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F 888	Continued From page 5 that two staff members have not received their second dose of the COVID-19 vaccination. She revealed that the Infection Preventionist was responsible for keeping up with the staff vaccinations and making sure they were compliant. She revealed that having staff that were not fully vaccinated with no exemption could pose a threat to the facility for possibly bringing COVID-19 into the building. An interview on 12/7/22 at 2:55 PM with Certified Nursing Assistant (CNA) #1 revealed she was hired in October 2022, and she received her first COVID-19 vaccination sometime around the end of October 2022. She confirmed that she has continued to work at the facility full time as a CNA and that the DON has told her she needs to get her second dose, but she was never given a deadline or told she could not work if she did not get it. An interview on 12/7/22 at 3:10 PM with CNA #2 revealed she has worked at the facility full time since 2012 and received her first COVID-19 vaccine in 11/2021. She revealed she feels like she had a severe allergic reaction to the first dose and has been wanting to get a medical exemption. She revealed she has been to several doctors and has not received one yet. She revealed that no one gave her a deadline for getting it taken care of, but they have told her today that she cannot come back to work until she gets her second dose of the covid vaccination. An interview on 12/7/22 at 3:40 PM with Staff Development confirmed that all staff are supposed to be fully vaccinated against COVID-19 or have a granted exemption in order	F 888	of signs/symptoms and temperature and meeting outcome of unvaccinated/partially vaccinated individuals continued for 4 weeks. Infection Preventionist will present Records to Quality Assurance and Performance Improvement Committee weekly x 4 weeks and Quality Assurance Committee meeting January 4, 2023. Resident Council was informed 12/19/2022 of the deficient practice and the plan of correction.	

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to continue working at the facility. She confirmed that CNA #1 and CNA #2 have continued to work at the facility with CNA #1's last day to work being 12/04/22 and CNA #2's last day to work being 12/06/22.

An interview on 12/7/22 at 4:00 PM with the Administrator confirmed that she realized that two staff members have not received their second COVID-19 vaccination or an approved exemption. She confirmed that all staff should have already had their second vaccination or exemption taken care of, but they continue to wear mask and follow precautions to prevent the spread of infection.

Review of the facility "COVID-19 Staff Vaccination Status for Providers" revealed that CNA#1 and CNA#2 were not fully vaccinated and did not have a granted exemption.

Review of CNA #1's vaccination record revealed she received one dose of a multi-dose COVID-19 vaccination on 10/18/22.

Review of CNA #2's vaccination record revealed she received one dose of a multi-dose COVID-19 vaccination on 11/12/21.

Review of CNA #1 and #2's time sheets from the past two weeks confirmed they have worked at the facility full time. This review revealed CNA #1's last day to work was 12/04/22 And CNA #'2's last day to work was 12/06/22.

Review of the CMS-QSO Memo dated 01/14/22 with a reference number of QSO-22-09-ALL revealed under, "Vaccination Enforcement-Surveying for Compliance" "Within

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F 888	Continued From page 7 60 days after the issuance of this memorandum, if the facility demonstrates that: Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; and 100% of staff have received the necessary doses to complete the vaccine series (i.e., one dose of a single-dose vaccine or all doses of a multiple-dose vaccine series), or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule".	F 888		